

AUTO CR - LOG SUMMARY #1054331

TYPE: INFO

Incident Finding / Overall Case Finding

Description of Incident	Finding	Entered By	Entered Date
It is reported that the involved officer discharged his weapon and destroyed an aggressive dog (German Shepard)that growled at him and attempted to attack him.	(None Entered)		

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WILSON, MICHELLE E 281			003 /	SERGEANT OF POLICE	F	BLK		

Incident Information

Incident From Date/Time	Address of Incident	Beat	Dist. Of Occurrence	Location Code	Location Description
28-MAY-2012 09:17 - 28-MAY-2012 09:17		0324	003	304 - STREET	

Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Other Involved Parties

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Involved Member	RUSSELL JR, CLIFFORD M	1290		003 /	POLICE OFFICER	M	BLK		

Involved Party Associations

Role	Rep. Party Name	Related Person	Relationship
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	N	Y
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y	Y

Investigator History

Investigator	Type	Assigned Team	Assigned Date	Scheduled End Date	Investigation End Date	No. of Days
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Investigator History

Extension History

Name	Previous Scheduled End Date	Extended Scheduled End Date	Date Certified Letter Sent	Reason Selected	Explanation	Extension Report Date	Approved By	Approved Date	Approval Comments
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Current Allegations

Accused Name	Seq. No.	Allegation	Category	Subcategory	Finding
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Situations (Allegation Details)

Accused Name	Alleg. No.	Situation	Victim/Offender Armed?	Weapon Types	Weapon Other	Weapon Recovered?	Deceased?
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Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-SEP-2012 03:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
CLOSED AT C.O.P.A.	28-SEP-2012 03:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
PENDING ASSIGN TEAM	28-SEP-2012 02:51	ROBERTS, GEORGE	SUPERVISING INVESTIGATOR	113 /	
PENDING SUPERVISOR REVIEW	28-SEP-2012 07:13	TOUSANT, LISA	INTAKE AIDE	113 /	
PRELIMINARY	28-MAY-2012 11:11	TOUSANT, LISA	INTAKE AIDE	113 /	

Attachments

No.	Type	Related Person	No. of Pages	Narrative	Original in File	Entered By	Entered Date/Time	Status	Approve Content	Approve Inclusion
1	FACE SHEET					TOUSANT, LISA	28-MAY-2012 11:11			
	DOCUMENTS - INTAKE INCIDENT		2	RUSSELL JR CLIFFORD M 11224	N	TOUSANT, LISA	22-AUG-2012 09:30	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		17		N	TOUSANT, LISA	28-SEP-2012 07:13	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	TOUSANT, LISA	28-MAY-2012 01:05	APPROVED		
	DOCUMENTS - INTAKE INCIDENT		1		N	TOUSANT, LISA	28-MAY-2012 01:06	APPROVED		

Review Incident

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Accused Penalty History

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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Role	Rep. Party Name	Related Person	Relationship
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Incident Details

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Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N	Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Civil Suit Settled Date:	
Notify Chief Administrator?	N	Notify Chief?	
Notify Coordinator?		Notification Does Not Apply?	Y
Notification Other?	N		
Notification Comments:			

Incident Category List

Incident Category	Primary?	Initial?
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Investigator History

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PRELIMINARY	28-MAY-2012 11:11	TOUSANT, LISA	INTAKE AIDE	113 /	

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	DOCUMENTS - INTAKE INCIDENT		1		N	TOUSANT, LISA	28-MAY-2012 01:05	APPROVED		
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Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Review Accused

Review Type	Accused/Involved Member Name	Result Type	Reviewed By	Position	Unit	Review Date	Remarks
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Accused Finding History

Accused	Allegation	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Finding	Finding Comments
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Accused Penalty History

Accused	Reviewed By	Reviewed Date/Time	CCR?	Concur?	Penalty	Penalty Comments
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Accused Penalty History

Findings

Accused Name	Allegations	Category	Concur?	Findings	Comments
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FACE SHEET (Notification Date: 28-MAY-2012) - LOG #1054331

TYPE: INFO

Reporting Party Information

	Role	Name	Star No.	Emp No.	UOA / UOD	Position	Sex	Race	Address	Phone
CPD Employee	Reporting Party Third Party	WILSON, MICHELLE E 281			003 /	SERGEANT OF POLICE	F	BLK		

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Accused Members

Role	Name	Star No.	Emp No.	UOA / UOD	Position	Status	Initial / Intake Allegation
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Incident Details

CR Required?		Manner Incident Received?	PAX
Confidential?		Biased Language?	N
Extraordinary Occurrence?	N	Bias Based Profiling?	N
Police Shooting (U)?	N		
Motor Vehicle (V)?		Alcohol Related?	N
Non Disciplinary Intervention:	N	Pursuit Related?	N
Initial Assignment:	IPRA	Violence in Workplace?	N
Notify IAD Immediately?	N	Domestic Violence?	N
EEO Complaint No.:			
Civil Suit No.:		Notify Chief?	
Notify Chief Administrator?	N	Notification Does Not Apply?	Y
Notify Coordinator?			
Notification Other?	N		

Initial Incident Category List

Initial Incident Category	Primary?
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	N
20B - GROUP 20 - NOTIFICATIONS SHOTS FIRED - DESTRUCTION OF ANIMAL	Y

Assignment History

Assigned To	Assigned Team	Investigator	Assignment Date/Time	Assigned By	Reason
IPRA	CIVILIAN OFFICE OF POLICE ACCOUNTABILITY	-	28-MAY-2012 11:11	TOUSANT, LISA	

Status History

Resulting Status	Status Date/Time	Created By	Position	UOA / UOD	Comments
ADMINISTRATIVELY CLOSED	28-SEP-2012 03:10	WEEDEN, WILLIAM	DEPUTY CHIEF ADMINISTRATOR	113 /	
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**PATROL DIVISION
DISTRICT 003****28 MAY 2012**

TO: Lynnette Helm
Acting District Commander
003rd District

ATTN: Chief Administrator, Independent Police
Review Authority

FROM: Sergeant Michelle E. Wilson #1536
003rd District, 2nd Watch

SUBJECT: Log # 1054331

Date/Time/Loc: 28 May 12, 0917 hrs at [REDACTED]

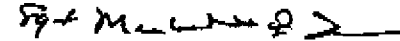
Complainant: DNA

Witnesses: DNA

Accused: P.O. Russell, Clifford #11224, 2nd Watch

Allegations: Discharge of weapon.

Narrative: The above member responded to a call of vicious animal. A black dog chased a male black and female black which generated the request for police. The female black was injured attempting to flee (HV [REDACTED] for Hospitalization report attached). A Tactical Response Report was completed by the officer. An ANOV was issued to the person at the dog owner's address. The undersigned obtained LOG# 1054331 on today's date at 1105 hours.


Sgt. Michelle E. Wilson #1536

APPROVED:

CHICAGO POLICE DEPARTMENT

ORIGINAL CASE INCIDENT REPORT

3510 S Michigan Avenue, Chicago, Illinois 60653

(For use by Chicago Police Department Personnel Only)

CPD-11 388(9/03)-C

RD #
Case ID
EVENT #

INCIDENT	APPROVAL COMPLETE		
	IUCR: 5087 - Non-Criminal - Injury To Citizen On Pub Way		
	Occurrence Location: 304 - Street	Beat: 0324	Unit Assigned: 0324
	Occurrence Date: 28 May 2012 09:17		RO Arrival Date: 28 May 2012 09:17

NON-OFFENDER(S)	VICTIM - Individual		
	Name:	Beat: 0623	Demographics
	Res:		Female Black 5'06, 140 lbs Brown Eyes Black Hair Dreadlocks Hair Style Dark Brown Complexion
	Sobriety: Sober CPD Officer: No		DOB: Age: 53 Years Birth Place: Illinois
Other Communications and Availability			
Cellular Phone :			
Available Time 00:01:00 - 23 59:00			

INJURY(S)	Injury Info - Victim)		
	Extent: Serious		
	CFD First Aid Given? Yes	Hospital:	
	Responding Unit: AMBULANCE 89		
Physician Name: ADUSUMILLI Injury Cause: Fall			
Reason: Fleeing A Large Unrestrained Charging Dog			
Type	Weapon Used	Other Weapon Used	
Blunt Trauma	Other	Other - Street	

OTHER	Miscellaneous	
	Victim Information Provided	Flash Message Sent ? No

NARRATIVES	IN SUMMARY, R/O RESPONDED TO [REDACTED] AND SPOKE WITH [REDACTED] (VICTIM) WHO RELATED THAT WHILE WALKING ALONG THE SIDEWALK AT THE ABOVE LOCATION, A LARGE BLACK DOG BEGAN TO CHARGE AT HER FROM THE SIDE OF THE HOUSE. VICTIM RELATES THAT AS SHE FLED THE ATTACKING DOG, SHE HIT HER RT HIP AND SIDE ON THE GROUND AND A PARKED CAR CAUSING BLUNT TRAUMA. VICTIM RELATES THAT [REDACTED] (M-1-53 [REDACTED] FIANCEE TO VICTIM) WAS ALSO WALKING AND WAS ABLE TO DETER THE ATTACKING DOG AND SUMMON CFD/CPD. CFD AMB #89 RESPONDED AND GAVE MEDICAL ASSISTANCE TO [REDACTED] (VICTIM). CFD AMB #89 TRANSPORTED VICTIM TO [REDACTED] TO BE TREATED BY DR. ADUSUMILLI FOR BLUNT TRAUMA TO THE RT SIDE OF BODY. BT #206 ANIMAL CARE AND CONTROL OFFICER T. ALLEN #109 RESPONDED TO THE SCENE. R/O NOTIFIED [REDACTED] (M-1-50 [REDACTED] THAT ONE OF THE ANIMALS UNDER HIS CARE WERE LOOSE AT APX 0916HRS. AT APX 0917 HRS, R/O OBSERVED THE GROWLING CANINE CHARGE AND ATTEMPT TO ATTACK R/O ON THE SIDEWALK AS HE TALKED WITH THE ACC WORKER. R/O, IN FEAR OF RECEIVING GREAT BODILY HARM, THEN DREW HIS WEAPON AND FIRED 9 TIMES STRIKING THE CANINE AND
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Chicago Police Department - Incident Report

RD # [REDACTED]

NARRATIVES

ENDING THE THREAT. R/O THEN MADE THE PROPER NOTIFICATIONS VIA OEMC, SECURED THE CRIME SCENE, AND RETAINED THE WITNESSES. CARETAKER OF THE CANINE "ROXIE" WAS CITED FOR HAVING AN UNRESTRAINED ANIMAL (ANOV# [REDACTED]). ALL PARTIES WERE GIVEN COPIES OF V.I.N AND ADVISED OF THE COURT DATE (19-JUL-2012 400 W. SUPERIOR, RM 102). ACTUAL OWNER OF THE DOG IS [REDACTED] (DOB [REDACTED]) WAS NOTIFIED. DOG REMAINS WERE REMOVED BY ACC OFFICER T. ALLEN #109.
NOTIFICATION: SUPERVISOR FIELD SGT WILSON Beat#: Star#: 1536 Emp#: Date: 28-MAY-2012 Time: 0926 ONS
NOTIFICATION: WATCH COMMANDER LT MCGUIRE Beat#: Star#: 376 Emp#: Date: 28-MAY-2012 Time: 0918 NOT

PERSONNEL

	Star No	Emp No	Name	User	Date	Unit	Beat
Reporting Officer	11224	[REDACTED]	RUSSELL JR, Clifford M	[REDACTED]	28 May 2012 11:51	003	0324

TACTICAL RESPONSE REPORT/Chicago Police Department

MEMBER INVOLVED	1 DATE OF INCIDENT 28-MAY-2012		TIME 09:17:00		2 ADDRESS OF OCCURRENCE [REDACTED]				3 LOCATION CODE 303		4 BEAT/OCCUR 0324							
	5 POSITION 9161		6 LAST NAME RUSSELL JR		7 FIRST NAME CLIFFORD M		8 STAR NO 11224		9 SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10 RACE CODE BLK		11 AGE [REDACTED]		12 HT 510		13 WT 150	
	14 DATE OF APPT 29-JUN-1998		15 EMPLOYEE NO [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 003 0324		17 DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18 MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		19 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
	20 LAST NAME		21 FIRST NAME		22 M I		23 SEX <input type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24 RACE		25 D O B		26 HT		27 WT			
SUBJECT INFORMATION	28 ADDRESS				29 TELEPHONE NO		30 WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				31 SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32 SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No					
	33 WHERE WAS MEDICAL TREATMENT OBTAINED?				34 BY WHOM?		35 CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid											
	36 CHARGES PLACED <input checked="" type="checkbox"/> DNA										37 CB NO		IR NO		<input checked="" type="checkbox"/> DNA			
REASON FOR USE OF FORCE (Check all that apply)	38 <input checked="" type="checkbox"/> DNA																	
	SUBJECT'S ACTIONS		PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT ASSAULT		ASSAILANT BATTERY		ASSAILANT DEADLY FORCE							
MEMBERS RESPONSE	DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>									
	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>		PULLED AWAY <input type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>									
OTHER _____		OTHER _____		OTHER _____		OTHER _____		OTHER _____										
MEMBER PRESENCE <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/>		ELBOW STRIKE <input type="checkbox"/>		KNEE STRIKE <input type="checkbox"/>		FIREARM <input type="checkbox"/>										
VERBAL COMMANDS <input type="checkbox"/>		TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>		CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>		KICKS <input type="checkbox"/>		OTHER _____										
ESCORT HOLDS <input type="checkbox"/>		OC CHEMICAL WEAPON <input type="checkbox"/>		IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>		IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>												
WRISTLOCK <input type="checkbox"/>		CANINE <input type="checkbox"/>		OTHER _____														
ARMBAR <input type="checkbox"/>		TASER (Probe Discharge) <input type="checkbox"/>																
PRESSURE SENSITIVE AREAS <input type="checkbox"/>		TASER (Contact Stun) <input type="checkbox"/>																
CONTROL INSTRUMENT <input type="checkbox"/>		TASER (Laser Targeted) <input type="checkbox"/>																
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>		TASER (Spark Displayed) <input type="checkbox"/>																
OTHER _____		OTHER _____																
39 <input type="checkbox"/> DNA																		
40 ADDITIONAL INFORMATION R/O WAS INVESTIGATING A CALL OF VICIOUS ANIMAL WHEN A LARGE MIXED BREED CANINE CHARGED AT R/O ATTEMPTING TO BITE R/O. R/O DISCHARGED HIS WEAPON 9 TIMES.																		
41 WEAPON TYPE <input checked="" type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 03 SHOTGUN <input type="checkbox"/> 07 OTHER																		
42 INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors																		
43 LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial																		
44 WEATHER CONDITIONS CLEAR																		
45 MAKE/MANUFACTURER SMITH & WESSON -US- (BODYGUARD, CHIEF SPECIAL)																		
46 MODEL 5943																		
47 BARREL LENGTH 4																		
48 CALIBER/GAUGE 9 MM																		
49 TASER DART ID NO [REDACTED]																		
50 WEAPON SERIAL No (Include Letters) [REDACTED]																		
51 CHICAGO GUN REG NO [REDACTED]																		
52 IL FIREARM OWNER ID NO [REDACTED]																		
53 HANDGUN CERTIFICATE NO																		
54 SPECIAL WEAPON CERTIFICATE NO																		
55 PROPERTY INVENTORY NO																		
56 TYPE OF AMMUNITION USED Department Issued																		
57 NO OF WEAPONS DISCHARGED BY THIS MEMBER 1																		
58 TOTAL NO OF SHOTS MEMBER FIRED 9																		
59 WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER																		
60 WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input checked="" type="checkbox"/> 02 NO																		
61 NO OF CATDRIDGES/ SHOT SHELLS RELOADED																		
62 HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT SIDE (WAIST) <input checked="" type="checkbox"/> 02 LT SIDE (WAIST)																		
63 HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input checked="" type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW																		
64 SPECIFY METHOD/EQUIPMENT USED TO RELOAD																		
65 DID MEMBER USE SIGHTS <input checked="" type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO																		
66 DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) DNA																		
67 DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input checked="" type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT																		
68 PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input checked="" type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN																		
69 POSITION OF MEMBER DISCHARGING WEAPON <input checked="" type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)																		
CASE INFO.	70 EVENT NO [REDACTED]																	
	71 R D NO [REDACTED]																	
SIGNATURES	72 NOTIFICATIONS (OC OR TASER INCIDENT) <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR NOTIFICATIONS (FIREARM INCIDENT) <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT & W C /DIST OF OCCUR <input checked="" type="checkbox"/> OP COMMAND <input checked="" type="checkbox"/> DET DIV Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report																	
	73 REPORTING MEMBER (Print Name) RUSSELL JR, CLIFFORD M STAR/EMPLOYEE NO 11224 SIGNATURE [REDACTED] 28-MAY-2012 11:09:45																	
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below																		
74 REVIEWING SUPERVISOR (Print Name) WILSON, MICHELLE E STAR NO 1536 SIGNATURE [REDACTED] DATE REVIEWED 28-MAY-2012 11:18:17 TIME																		

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM, 2) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR, 3) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING, 1) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON, 2) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON, 3) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2

75 SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☒ DNA

☐ REFUSED

☐ UNABLE TO INTERVIEW (Specify Reason)

76 WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

The officer in fear for his and that of numerous citizens followed Dept procedures and directives in the destruction of an animal Firearm inventory and ballistic examination has been waived There was no person injured and no property damage due to the discharge of the officer's weapon

77 WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO _____ OBTAINED

78 WATCH COMMANDER/OCIC (Print Name)

MC GUIRE, TERENCE J

SIGNATURE

DATE COMPLETED

TIME

28-MAY-2012 11:26:05

79 DISTRIBUTION OF ORIGINAL TRR

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS

ATTACHMENTS - PHOTOCOPIES OF

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I O D REPORT

☐ CR INITIATION REPORT

80 TOTAL TRR's THIS EVENT No

1